REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # 10/519984

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing	1	1/4/05	$ 100
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$ 100

8 TO BE REFUNDED BY:

10 REASON:		
✓ Overpayment	✓	Treasury Check
Duplicate Payment		Credit Deposit A/C #:
No Fee Due (Explanation):	9	1 9 -- 0 7 4 1

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson   TITLE: paralegal

SIGNATURE: A Johnson PCT   PHONE: 308-9740

OFFICE:

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)